
CHANGING LIFE STYLES IN HOUSING FOR THE AGED*

JOHN M. MASON, L.H.D.

Director, Department of Services to the Aging
Division of Social Service
American Lutheran Church
Minneapolis, Minn.

RECENTLY I read an article in the *Des Moines Register*—in the state of Iowa—about “the dawn of a new era for elderly Americans with more and more programs designed for their benefit.” I really don’t believe we need more programs; we have so many now that it is almost impossible to understand how to use them effectively. In fact, many of our programs appear to run at cross purposes and damage rather than help old people. The truly old, who cannot cope with the problems of daily life in their own homes, are confused and bewildered by all of the programs designed for their benefit. The time has come when as a society we must come back to recognizing that old people are people; that unless we die young we shall live to be old; that as people we have similar problems: psychological, physical, and spiritual. We may well be poor financially or spiritually, lonely, suffering from one or more chronic ailments, but we still are people who need to have self esteem and to be held in esteem by others of our society.

As I read further in the article, however, I was impressed because I learned that at the University of Southern California the Ethel Percy Andrus Gerontology Center has been created, with Dr. James E. Birren as the director. Something good will come from this, I am sure, and not a proliferation of programs as the reporter had stated. The purpose of the center will be to do scientific studies of the process of aging and the problems attendant thereto. Dr. Birren was quoted as saying: “This is a new day for the aging and our work is of vital importance to every age group. Almost everyone wants to live longer, provided old age does not bring on senility and a burden on the family and society.”

Dr. Birren went on to state, “We have come to see old age as a

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beckoning horizon in man's existence, as a time with potential for great individual fulfillment, and as an area of study, rich with information for the scientist."

I hope that Dr. Birren and his associates are successful in their new opportunity, for I am sure that out of this kind of study there is the possibility that old people will be discovered to be simply people and not things to be used or discarded as occasion may seem to demand.

Thinking along this line brought back to me the memories of experiences when I first became involved in working with and for older people in 1944. The whole spectrum of human life has changed dramatically in these past years. Then a person was old at 65 to 70. There were not many homes for old people in those days, most of them being converted residences where a couple would care for six to eight old people, providing a simple way of life for them. Some of these operators of homes were well motivated and life was good for their guests. Others were of a different sort and life was unhappy and a trial for the unfortunates who lived there. Human nature really has not improved, for the same situation persists now but perhaps with more sophistication.

The larger homes for the aged usually belonged to a church group and were operated on a nonprofit and sometimes on an almost purely charitable basis since public assistance for the aged did not have a high priority. This too has not really changed over the years.

Continuing in this nostalgic vein, I remember that there were almost no regulations by states or counties. The homes simply took care of the people who came to live in them. When a resident was sick, a doctor was called and medicines were administered by the staff person on duty, whether or not this person was a nurse. Nurses' aides had not yet been invented, nor were there licensed practical nurses. Most workers were middle-aged housewives, single or widowed women who did the best they could with the advice and help of the doctor, the pastor, and the one registered nurse that served only on the day shift.

But the quality of life was quite good in those homes. Good care was given and while there were not names for many of the things that were done, much physical and occupational therapy was practiced. Old people were looked upon simply as old people, sometimes well and sometimes not, but people with certain needs and problems that common sense could usually handle.

And there was the "county home" for the very poor, the unwanted, the senile, the alcoholic, or the social outcast. Many of these homes were dreadful places because, in many states, the job of being manager of a county home went to the lowest bidder! I shall never forget an experience I had in one of those homes only 19 years ago. The county home system in our state was on the way out. This one was offered to the church at a very low price. I went to examine the place. It was a three-story frame firetrap with 12-foot ceilings and huge windows that let the winter wind in and trapped the summer sun. It was a depressing place, with people stumbling about in a rather disoriented manner, often mumbling to themselves. I finally got to the basement to look at the laundry and the heating system which had recently been changed from coal to oil. As I walked by the opening to the old coal room, a man came out, blinking in the light of the hallway. I thought he had just wandered into the coal room until I went in and saw a dirty cot in a soot-stained corner and an old chair that creaked when I sat in it. There was a 25-watt bulb hanging from the ceiling. The room smelled. No window, only the opening for a coal chute, which was not tightly closed, and which let in the cold drafts that I felt on that wintery day. This room was "home" for that unfortunate old man just 19 years ago!

How much has that situation changed? It depends on where you look. There is a new day for many old people, there are many fine homes in our land where the management and staff are well motivated and seek to do good for the residents. This, unfortunately, is not true for hundreds of thousands of old people who can find only a home operated by the same kind of unscrupulous person who, years ago, as I mentioned earlier, was in the business solely for the profit. There have been many exposés of homes; the tragic situations that have been disclosed in many areas are not confined to those homes studied; they are to be found everywhere and in great numbers. Not long ago I visited a private home, beautiful on the exterior and with an immaculately maintained lawn. But inside I had to clench my fists to keep from vomiting because of the stench of urine and feces, bed sores, and open abdominal cancerous growths. Last winter a close friend of mine, who administers one of the homes under my supervision, was invited to buy a home which on the outside was beautiful. He told me that as he entered the odor was so strong he almost retreated. He did stay for about 20 minutes, talking with the owner. During that short period he

said he saw four totally nude old people wandering about the corridors. When will the United States join the rest of the world and take the profit out of the long-term-care-for-the-aged program? In my visits to Europe I have been impressed with the fact that the profit motive for all practical purposes has been removed from the programs for the care for the aged. We must ask ourselves the question: Does any man or group of persons have the right to unlimited exploitation of old age and the chronic ailments that come with old age? You may travel from country to country and you will find that care of the aged is entrusted to nonprofit sponsors whose motivation is to serve the aged, where love for the aged and concern for the rights of an old person to be a real person with a sense of dignity and self-value is held high. No place is allowed for the program that permits proprietary operators to exploit the aged. I realize full well the implications that would follow the implementation of the above statement, but I cannot retain my personal integrity and not say what I have said.

I should now like to give you an insight into some of the experiences of the American Lutheran Church, where I have my responsibility. I do this to indicate how rapidly the change in life expectancy is affecting the structure of society.

The 1971 audits of the homes of the American Lutheran Church show that of approximately 16,000 residents, 53.7% were between 80 to 89 years of age, 15.2% were between 90 and 99 years of age, while 0.4% were above 100; 69.3% were over 80 years of age. Contrast this with the situation in 1961 when, of 3,660 residents, 51% were between 80 and 89, 11% were between 90 and 99, and 0.1% were over 100. This means that, on a percentage basis, there was a total increase in residents above the age of 80 of 7.2%. While the figure looks small, the number of persons above 100 increased 400%!

Another statistic that is of interest at this point is the drop in the percentage of residents between 70 and 79. In 1961, 29% were in that age group, while the figure for 1971 was only 24.4%. This tells us quite plainly that people in this group do not want and most likely do not need the group setting; they prefer their own homes, which is good.

The pattern of life expectancy has changed radically in the past two decades. People once were old at 68, but now they are not really that old at 78 or possibly even 85. The average age of the persons living in our homes in 1971 was 82.4 years, and a livelier group of people—inter-

ested in life, in activity, in interpersonal relations—could hardly be found. You might be surprised at the romancing that goes on in our homes. The romances do not all result in marriages, but perhaps more should! At least there are no unmarried mothers.

Looking at the change in the structure of our society, we simply must accept the fact that we no longer have a three-generational society but one which is moving rapidly toward becoming five-generational. To cite a personal example, I have a sister who is a great grandmother at the age of 65. My mother lived an active life until she was 92. My sister could well become a great great grandmother and, if modern medicine keeps up its present pace, keeping more people well longer, she could become even greater! This is happening all over the land, and I believe the same is true in all the more advanced societies in the world.

Man is constantly torn between a longing for the good old days, the daydream of yesterday when life was more simple, and a pressure to move forward into a new day, the space age or whatever. One thing, however, is quite certain. We shall not step back into the life style of the pioneering woodsmen, the trailblazers, and prairie sod-house builders. As we look back on those days, we do not see the problems they had; we see only the good, the simple way of life, and we wish we could enjoy it again. We certainly do not give much thought to the fact that the life expectancy in those years was substantially less than 50 years! I am not sure at all that those were the good old days.

Nevertheless, the life style of those years continues to haunt us as being in some manner sacred. The Judeo-Christian law teaches us that we are to honor father and mother, that this is the first commandment that carries with it a specific blessing, "that thy days may be long in the land the Lord thy God giveth thee." Thus people continue to ask, "Why do not the children of our day take care of their parents as they used to do?" I am not sure that children then did a better job than the children of today are doing. The family in those days consisted of the child, the parent, and the grandparent. And with an average life span in the United States of 47 years in 1900, the number of grandparents living before the turn of the century was relatively small. It is true that there is a difference between life span and life expectancy. We have made some progress in extending the life span but what really has happened is that fewer people die in infancy and childhood, which means

that more people survive to become not only grandparents but great grandparents and more, so that the life expectancy has increased.

Thus the so-called simple life style no longer meets the conditions found in our society today. New patterns for life must be found, new life styles must be developed. We cannot continue to try to force children to take their parents into their homes physically for it means that people who may be grandparents themselves or even beyond will have to take their parents into their homes and this simply will not work.

The fourth commandment has been grossly misinterpreted in our society. To honor father and mother still stands as a solid law of life; it cannot be otherwise. But the manner in which we honor and respect them needs some study. It is my conviction that we honor them best when we respect their need for dignity and personal self-esteem. It has been the philosophy of the program of the American Lutheran Church that the most precious possession an old person has when the years have slipped by and old age has become a reality is the right to enjoy being a person with dignity, privacy, and self-respect. Everything we can do to enhance and strengthen the older person's sense of being of value and meaning is a way to show them honor and respect.

As people grow older, as age levels increase, we ought to let nature take its course; we should not try to control the process but accept it with joy and peace. To do this we must be ready to accept the fact that life styles must change to meet the demands of a five-generation society. In the first half of the life period of the fourth generation—that is, for people who are 65 to about 80—most people can and should live in their own homes. As long as a person can cope successfully with the problems of housekeeping, the preparation of food, and the other chores of life, as long as a person can be an active participant in the life of the community in which he lives, the best place for him to live is in his own home. This should be recognized by the community and the families of these older people, and the patterns of activity—social, educational, religious, and health—should be keyed to this concept.

When, however, due to the onset of chronic ailments of one sort or another, an individual finds that the problems are becoming a burden, the natural move should be made. The person should then move into a group-living setting that provides for all the amenities of life which have become a source of problem provocation. This move should be made as a part of a normal procedure, as a natural event. As a person

moves through the various changes in life styles there should be no stigma attached to change. We rejoice when a child is born and when the child becomes an adult, marries and begins a new family. We rejoice when a child is born to this new family and no one is more proud of the event than the grandparent! Why not continue the pattern and plan a society which makes the fourth and even the fifth generation a time of continued growth and development? This is what Dr. James Birren spoke about. In fact, the time of the fourth generational period and the fifth could well be, as really all life should be, a time for preparation for the beginning of the Great Adventure when we cut loose from the shackles that hold us to this little planet and begin whatever is prepared for us in that great tomorrow!

Do we dare to revive a slogan that perhaps was born before its time and call this new life style the Great Society? It really could be that, a moving in a normal and orderly manner from living in one's own home to living in a group setting with a number of other people, finding a new social life to enrich the days, participating in group discussions and activities with persons who share the same aches, pains, and sorrows, but who also rejoice together in the same joys and rewards which are common to them all as they continue to live as real persons possessing a source of personal value.

This means that we must change the style of housing we have been providing. The group setting which will do for older people what needs to be done must be designed to provide privacy for the residents. Complete health services must be designed into the structure in such a manner that the homelike setting will not be spoiled through the emphasis on nurses' stations and clean and soiled utility rooms. There should be no place called an infirmary. When you are ill in your own home that is where you are. If you require hospitalization you go to the hospital and come back to your home. The same should be the case in the kind of structure of which I am speaking. With the new audiovisual aids available we can design a facility that will have all that is necessary to provide the best of nursing care without making the place look like a nursing home. Psychologically, the sense of security that the older person enjoys when it is known that health service is available and that, except for hospitalization, the care will be brought to the person, and no move to an infirmary will be required helps keep people well. If you are hospitalized you will come back to your own

home. We have found in homes we have built under this concept that it costs less to bring care to the person than the person to the care. We believe also that we practice preventive medicine in this system because no one needs to hide illness for fear of being moved. Thus illness is discovered in early and treatable stages and often costly hospitalizations are avoided. Our federal programs for housing the elderly need to be radically revised. Many people in government appear to hold the naive concept that an 85-year-old is to be rehabilitated in a long-term care facility and then returned to his former life in the community. The programs separate old people into four categories and insist on separate and distinct parts of structures for the well aged, the not-so-well aged, the ill aged, and the terminal-care aged. People are supposed to be moved from one type of facility to another as the condition of health changes. The housing and health facility programs of our country have been cost-centered and person-fragmenting; they have not been concerned with the values and integrity of the old person. This has led to a system that is more a policing agency than a housing or health program. The vast federal machinery of certification, surveys, audits, recertifications, resurveys, and reaudits, with constant surveillance of operators, is not only costly administratively, but is self-defeating with respect to the program. The elderly are dehumanized by this treatment and become "things" rather than people. What we must realize is that the 85-year-old is ready to leave the old life style in the community to enter a new life in a different but good community in which new social relations will develop and life can continue to have meaning and value. Under this system the retreat into the shadows of forgetfulness and the development of senile behavior might well be stopped.

Along with the providing of the health services, all the other amenities for providing a good active life should be built into these homes. Areas for socialization, activity, and programs are necessary. Attractive furniture should be provided; a beautiful dining room is a must, as meal-times are among the most important events of each day.

In short, the new life style for housing for the aged that will serve best the people who are old should be designed to strengthen and support the ego of the persons who call that place home. This can be done; much experimentation along this line has already shown that old people respond positively to such a program. As our life styles are changing with the extension of life expectancy, so our structures designed for good living must also change.

A "Dear Abby" letter I recently read illustrates the fact that older

people are ready for this kind of group life style when the time comes. The writer states:

Dear Abby: The letter about "Jane" who was convinced that she should take care of her elderly father has haunted me. I am 60, and God forbid that any of my children should ever have to "take care" of me. I want my children to remember me as a strong person who is capable of taking care of himself. I never want to live with any of my children. I would present all kinds of problems and I'd feel guilty.

Just give me a room in a good clean nursing home where I can have my own corner, forget responsibility and can be served without feeling that I'm imposing. I don't want to worry about illnesses, family quarrels, or the grandchildren's grades. I've been through all that. Give me peace.

Don't forget me, though. Call and write now and then. And invite me for Sunday dinner occasionally. Let me entertain you in my room. But please, don't try to "take care" of me. Let me retain some dignity in my old age.

The recognition on the part of old people that they are still people with value to others as well as to themselves opens a whole new way of life for them. The recognition that in this new life they can help others and in return be helped by others gives meaning and value to each day.

In a recently published book, *Learn to Grow Old*, Dr. Paul Tournier of Switzerland writes:

Retirement and old age must, of course, be accepted. We have to give up all sorts of things, and accept with serenity the prospect of death, while remaining as active, as sociable and friendly as we can, despite an unavoidable measure of loneliness. We must learn to use leisure profitably, take up new interests, interest ourselves in young people and new ideas. We must learn how to pray, how to meditate, how to acquire wisdom, how to be grateful. For its part, society must restore to the old their sense of their own value as human beings, and make them feel they are really accepted. It must also safeguard their dignity by means of adequate financial resources and personal attention.

Changing life styles in housing for the aging could become one of the most exciting experiences in the decades immediately before us. If we fail to accept the challenge, our society will have failed in its responsibilities to its citizens and ultimately to itself.